PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09961441

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					TOOLUMN E		1			OR I I		
			34					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		. 14			X\$ 9=		OR	X\$18=	952
INDEPENDENT CLAIMS			% minus 3 =		5			X40=		OR	X80=	400
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter '					r "0" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN
(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 28	Minus	30	4	=)]	X\$ 9=	1	OR	X\$18=	1
	Independent	· 4 NTATION OF MI	Minus	***	8 ECLAINA	<u> - /</u>	↓ [x 46 2		OR	xee	
Ŀ	FIRST PRESE	NIATION OF MI	JUIPLE DEF	ENDEN	CEAIM		」 [+135		OR	+ 27 0≡	
							ŧ	TOTAL		OR	TOTAL	/
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	- /	J	ADDIT. FEE	
		CLAIMS		HIGH	IEST	Condition	Ίг		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID		PRESENT EXTRA	▋┃	RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	••		=]	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=] [X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDEN	CLAIM		J	.105			. 070	
							l	+135=		OR	+270=	
							4	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	L					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	」 [X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=]	X40=		0.0	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
								+135=		OR	+270≃	
••	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		mber Previously Pa					er fou	nd in the app	oropriate bo	k in co	lumn 1.	